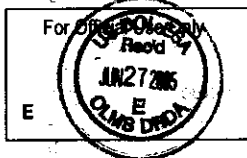


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2458</u>	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 02 / 31 / 2004
3. Name and address of person filing. Name <u>JAMES E SKONICKI</u> P.O. Box, Bldg., Room No., if any Street <u>333 SOUTH ASHLAND</u> City <u>CHICAGO</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60607</u>	4. Name, file number, and address of labor organization. Name <u>CHICAGO + MIDWEST REGIONAL II BRO. LODGE HERE</u> Labor Organization File Number <u>511-518</u> P.O. Box, Building and Room Number, if any Street <u>333 SOUTH ASHLAND</u> City <u>CHICAGO</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60607</u>
5. Position in labor organization. <u>COMPTROLLER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income of other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>AMALGAMATED BANK OF CHICAGO</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>ONE WEST MONROE</u> City <u>CHICAGO</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60603</u>	7. a. Nature of Interest, Transaction, or Income. <u>UNION GOLF OUTING - 7/2004</u> 7. b. Amount. <u>\$125.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James E Skonicki</u>	On <u>6/22/05</u> Date	<u>312-738-6106</u> Telephone Number

Name of Person Filing <u>JAMES E. SKOUICKI</u>	File Number U- <u>2458</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>ALEX ZEID & ASSOCIATES</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>155 PRINGETEN ROAD, SUITE 107</u></p> <p>City <u>DEERFIELD</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60015</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>AMALGAMATED SOCIAL BENEFITS</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>333 SOUTH ASHLAND</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60607</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>TWO GOLF OUTINGS</u> <u>7/2005 + 9/2005</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$250.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u></u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

Name of Person Filing JAMES E. SKOUICKIFile Number U- 2458

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DOWD, BHOCH + BENNETTTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 8 SOUTH MICHIGAN, SUITE 1900City CHICAGOState ILLINOIS ZIP Code + 4 60603

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name AMALGAMATED SOCIAL BENEFITSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 333 SOUTH ASHLANDCity CHICAGOState ILLINOIS ZIP Code + 4 60607

11.a. Nature of such dealing.

CHRISTMAS GIFT - CAN OF POPCORN

11.b. Approximate dollar value of such dealing.

\$27.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

JAMES E. SKOUICKI

File Number U-

2458

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ZAIDE & ASSOCIATES

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3340 DUNDEE ROAD SUITE 203

City NORTHBROOK

State ILLINOIS

ZIP Code + 4 60062

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name AMALGAMATED SOCIAL BENEFIT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 333 SOUTH ASHLAND

City CHICAGO

State ILLINOIS

ZIP Code + 4 60607

11.a. Nature of such dealing.

CHRISTMAS GIFT - HAN

11.b. Approximate dollar value of such dealing.

\$30.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing JAMES E. SKOUICKI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BLUE CROSS BLUE SHIELD OF ILLINOISTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 300 E RANDOLPHCity CHICAGOState ILLINOIS ZIP Code + 4 60601

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UNITE COTTON FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 730 BROADWAYCity NEW YORKState NEW YORK ZIP Code + 4 10003

11.a. Nature of such dealing.

UNION GOLF OUTING

11.b. Approximate dollar value of such dealing.

9125.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.